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PERSPECTIVES ON HEALING

Thick trust, thin trust, social capital, and health outcomes among trans women of color in New York City

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ABSTRACT

Introduction: Many trans women of color communities experience high HIV seroprevalence, extreme poverty, high rates of victimization and substance use, and poor mental health. Greater knowledge of trans women of color social capital may contribute toward more effective services for this marginalized population.

Methods: These data come from a mixed-methods study that examined trans/gender-variant people of color who attended transgender support groups at harm reduction programs in NYC. The study was conducted from 2011 to 12, total N=34. The qualitative portion was derived from six focus group interviews.

Results: Two support groups stood out as exhibiting very strong alternative kinship structures. One group was comprised of immigrant trans Latinas, and the other group were trans women of African descent living with HIV. Both groups demonstrated ample cultivation of "trust capital" in the form of "thick trust" (bonding capital) and "thin trust" (bridging/linking capital) both inside and outside/beyond the support groups. Thick trust included the cultivation of intimacy, support in primary romantic relationships, and community leadership. Thin trust included networking with a variety of organizations, increased educational opportunities, and cultural production.

Discussion: Participants "opened up to social capital" through the process of trusting as a series of (1) risks; (2) vulnerabilities; and (3) reciprocities. A solid foundation of thick trust resulted in a social, psychological, and emotional "base." Upon this foundation, thin trust was operationalized resulting in positive material, economic, and quality-of-life outcomes, leading to an expanded space of capabilities.

Introduction

Ample research has revealed the difficult conditions that many trans women of color face within the United States, including high HIV seroprevalence, extreme poverty, high rates of victimization and substance use, and poor mental health (Cerezo et al., 2014; Herbst et al., 2008; Hwahng & Nuttbrock, 2007, 2014; Melendez & Pinto, 2007; Nemoto et al., 2004; Nuttbrock et al., 2009; Rhodes et al., 2013). However, recent research has questioned the approach of "deficit-focused" interventions and proposed resilience-focused

intervention (Herrick et al., 2011; Kubicek et al., 2013; Matsuno & Israel, 2018). Several studies have researched resilience among trans/gender-variant people (Bariola et al., 2015; Breslow et al., 2015; Puckett et al., 2019; Shelton et al., 2017; Singh et al., 2014; Stanton et al., 2017; Torres et al., 2015), including trans/gender-variant people of color (Kubicek et al., 2013; Padilla et al., 2018; Perez-Brumer et al., 2017; Singh, 2013) and immigrant trans/gender-variant people (Alessi, 2016; Cerezo et al., 2014; Hwahng et al., 2019; Pinto et al., 2008;

Rhodes et al., 2013). Social capital offers a useful theoretical construct through which to examine resilience and resource-building. A handful of studies have begun to map social capital in trans/gender-variant communities, examining social capital as network size and diversity, leveraging of resources, and social connections within networks (Erosheva et al., 2016; Perez-Brumer et al., 2017; Pinto et al., 2008).

A commonly recognized definition of social capital is "features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit" (Putnam, 1995, 67). We find it most useful to define social capital as a group-level construct, versus an individual-level resource, in which social support is an important component (Perez-Brumer et al., 2017). Social capital can further be defined as the social resources that evolve through social networks or structures characterized by mutual trust (Rostila, 2011; Ryan et al., 2008).

At the collective level, social capital is determined by the number and quality of social resources generated by the coordinated actions of individuals within social structures pursuing shared goals. Social resources exchanged in social networks influence health. For instance, access to social resources can greatly reduce the impact of stressful life situations. In addition, different dimensions of social capital can have both joint and independent effects on health (Rostila, 2011).

Social capital and social networks

In further examining social capital within social networks, the concepts of bonding, bridging, and linking social capital are useful and applicable to a variety of social network studies (Aldrich, 2012; Putnam, 2000). As illustrated in Figure 1, *bonding social capital* is typically within-group along similar demographic lines and refers to horizontal links between family members, close friends, and neighbors who have shared norms and expectations. *Bridging social capital* is typically inter-group and connects across communities or groups, often crossing ethnic/racial lines and geographic boundaries and can aid communities via access to resources, new perspectives, and assets. *Linking social capital* connects a group with some form of authority, often across institutionalized and formal societal boundaries, which can provide otherwise unavailable resources and information.
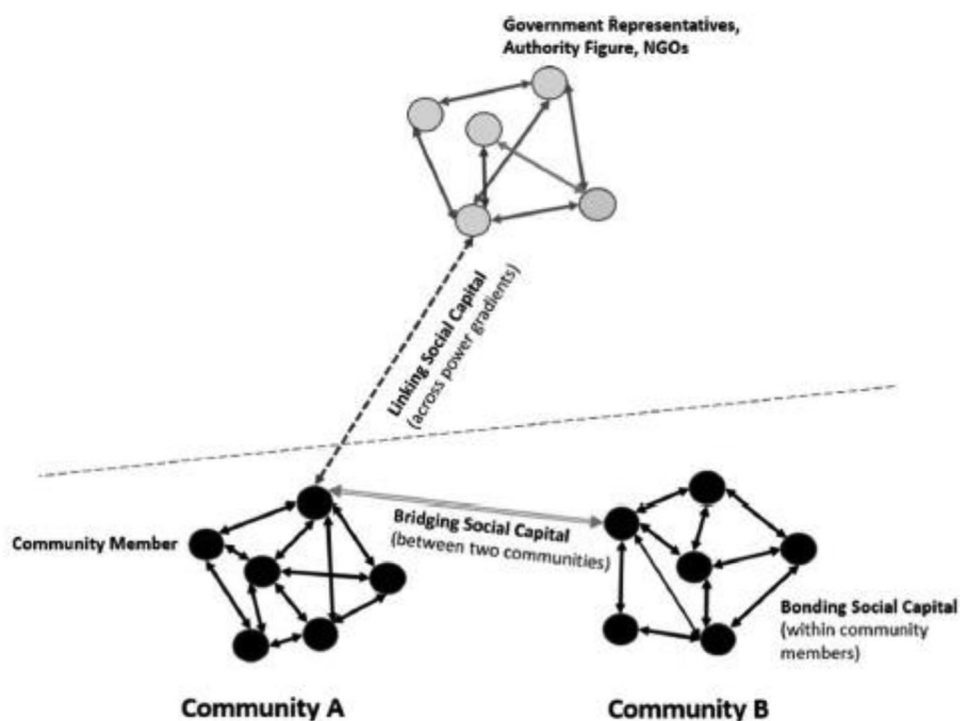
Figure 1. Bonding, Bridging, and Linking Social Capital (Sanyal & Routray, 2016 modified from Aldrich, 2012).

Trust as relational capital

The concepts of bonding, bridging, and linking social capital have been applied to health research (Beaudoin, 2009; Erosheva et al., 2016; Kawachi, 1999; Poortinga, 2012; Rostila, 2011; Szreter & Woolcock, 2004) including health research on low-income trans women of color (Perez-Brumer et al., 2017), which is a similar demographic to our study. However, in examining the social fabric in which daily transactions are embedded, Putnam (2000) identified a "social trust" that was implicit within reciprocity, social norms, and civic engagement. *Thick trust*, as a component of bonding social capital, was thus "bolstered by dense networks of social exchange" (p. 136). *Thin trust*, as a component of bridging or linking social capital, was directed at a "generalized other" and also depended on some level of shared social networks and expectations of reciprocity (p. 136).

Rostila (2011) states that social relations based on trust might be the foundation for the exchange of social resources in social networks. In addition, researchers on "trust capital" have distinguished elements of a socio-cognitive model of trust involving predisposition, decision to rely upon another, and behavior (Castelfranchi & Falcone, 2010). Implicit in the decision to rely upon or delegate to another is risk and vulnerability, for the "truster" becomes vulnerable in the act of trusting. Trust is considered individualistic relational capital and *being trusted within a social network* is a form of social capital (Castelfranchi & Falcone, 2010) that has collective implications. Thus, thick and thin trust have both individual and collective ramifications. Because trust entails risk and vulnerability, when "trusters" take a risk and their expectations are met or exceeded, the result is the cultivation of thick and/or thin trust. Latusek and Gerbasi (2010) have noted that "kinship" (family or family-like bonds) is essential for thick trust. Additionally, trust capital "empowers and enables cooperation and decision-making, engenders the atmosphere of openness and transparency, enhances communication, and motivates and joins people together" (Grudzewski et al., 2008, p. 20).

This is how, then, that social capital "gets in the body" (Rostila, 2011) to influence an individual's health. We posit that "opening up to social capital" thus occurs through trusting, which can be broken down as a series of: (1) risks; (2) vulnerabilities; and (3) reciprocities. Reciprocity implies some form of expectations being met, such as a mutual exchange of emotional risk-taking and vulnerability (as what often takes place in thick trust) or access to resources previously unavailable through networking, advocacy, or active requesting (as what often takes place in thin trust). A focus on thick and thin trust gets to the "heart of the matter" of social capital, and is at least partly responsible for why social capital matters with regard to health. As will be discussed in this article, participants in our study, with little access to material resources, were still able to successfully generate thick and thin trust capital for themselves.

In a previous article, we discussed how support groups based on peer-to-peer assistance in harm reduction programs serviced the health and social needs of local impoverished trans/gender-variant communities (Hwahng et al., 2019). Our research unearthed both challenges and triumphs among the women in these support groups. We chose to focus here on a strengths-based approach especially since deficits among trans women of color are already well documented in the literature. Utilizing a lens of social capital, resources, and thick and thin trust, our intention is to analyze the unique ways these support groups offer resource and resilience building opportunities. Low-income trans women of color continue to face challenges that have not been sufficiently ameliorated by typical services. A better understanding of the functioning of groups that have been demanded and led by the groups that they serve, operating within atypical venues (harm reduction programs), may allow for new models of highly effective and culturally-relevant interventions and services.

Method

This study of transgender support groups was part of ongoing research sponsored by the AIDS Institute of the New York State Department of Health to examine the impact that harm reduction programs have on the health of substance users. In particular, an earlier study for the AIDS

Institute of peer delivered syringe exchange (PDSE) in the New York City borough of Queens (Zadoretzky et al., 2011) provided a foundation for the current study. Findings revealed how PDSE adapted its model to the very complex health needs of transgender women of color and fostered the development of a transgender support group. Interestingly, we found that five separate harm reduction programs in New York City had each internally generated a transgender-specific support group. This suggested that these programs, and the groups that had grown from them, had something unique to offer to the segment of the transgender population that they attracted beyond other LGBT- or trans-specific services available in New York City.

We found in our research, for example, that participants of PDSE in Queens were predominantly young, Latina transgender women whose self-management of their gender-transition treatments placed their health at risk. Anonymous OraSure HIV-1 Oral tests indicated that HIV prevalence among those who participated in the study was 25%, more than twice the rate of their self-reports (10%). Transgender support group participation encouraged the expression of their identities, served as a bridge between participation in PDSE and its parent harm reduction (HR) program, and maximized participants' access to urgently needed health care, injection supplies and housing and legal services. This study was designed to further explore the experience of participants of transgender support groups at harm reduction programs throughout New York City. There was a particular focus on what these programs and support groups offered to participants, and what participants gained (or did not) from their attendance. The initial research group had expertise in injection drug use and the harm reduction programs in New York City, and therefore added a member with expertise in transgender theory and experience.

S.H. was Co-Investigator, assisted instrument development and led the data collection as well as the data analysis. S.H. identifies with and has been deeply involved in the trans community since 2001, which informed the instrument development and interview process. B.A. assisted in data analysis. C.Z. was the project director and assisted in the development of the research design and in data collection. H.B.D. assisted in the development of instrument design and data collection. C.M. provided oversight of study design and operations. D.D. was the Principal Investigator and designed and received the funding for the study. As the head of the research unit that conducted the research, D.D. supervised the overall project, including monitoring progress over the entire study, overseeing data collection and analysis, and contributing to the writing of and approving the scientific papers produced by the project. All authors reviewed, commented upon, and approved the final version of the paper.

Participants

Participants of this study were drawn from a larger sample (N = 34) of active members of transgender support groups at five different NYC harm reduction programs in April and June 2012. Purposive homogenous sampling was conducted through participation in transgender support groups. Thus, members of each respective support group shared some similar characteristics. During data collection, we noticed that some support group members exhibited particularly strong thick trust and thin trust and we found that many of these members participated in the support groups of two of the harm reduction programs specifically (Hwahng et al., 2012). We are thus focusing this article on an exploration of the experiences of trans women at these two harm reduction programs—AIDS Center of Queens County in Woodside, Queens (ACQC) and Housing Works in East New York, Brooklyn (HW).

ACQC was structured to provide services to a population that included a large immigrant Latinx population in Queens. The ACQC support group was first initiated by the immigrant trans Latinas who were initially part of a peer delivered exchange sponsored by ACQC; the support group was later given a stationary site at ACQC (see Hwahng et al., 2019). Housing Works was structured to provide HIV treatment, housing, and services to people living with HIV. The support group was similarly first initiated by HW trans participants. These participants campaigned for the establishment of a support group that was independent of the supervisory HW staff.

Analysis for this article is limited to those participants who participated in focus groups at the ACQC and HW sites (N = 12 out of N = 34 from parent study). We conducted a total of three focus groups. Two of the focus groups were conducted at ACQC in which there was partial but not complete overlap of participants between the two groups. One focus group was conducted at HW.

Support group coordinators assisted in recruitment, using eligibility guidelines provided by the researchers. Study eligibility criteria included self-identification as trans/gender-variant, membership of a transgender support group sponsored by a harm reduction program, the ability to speak and read English and comfortable with participating in a group discussion.

Although we were aware that a substantial proportion of the membership of harm reduction support groups was Latina, we did not have the funds to develop and test bilingual instruments. Initially, the support group leaders were informed of the recruitment criteria, including the English language restriction and were asked to recommend participants. As some of the focus groups were about to begin, some of the Latina participants included in the present sub-sample were unable to express themselves in English and only spoke Spanish. The support group leaders assured the research team that the monolingual speakers would be adequately translated into English and also receive Spanish translation. Thus, three of the focus group participants were monolingual Spanish speakers. As a result, some discussions included English/Spanish translation by bilingual group members (N = 3) that was unanticipated in the study design.

Procedures and analysis

Focus groups were preceded by a demographic questionnaire that each participant completed. Focus group discussions lasted for approximately two hours and were audio recorded and fully transcribed for analysis. Focus groups probed the following domains: (1) motivation, satisfaction and/or disappointment with the harm reduction support groups; (2) support groups as a positive intervention and impact on current life and/or

for the future; (3) comparisons of social support received in support groups compared with other areas of life; and (4) ways to improve or build the capacity of support groups. Thus, it was expected that specific themes of support would inductively emerge from the data.

Participants were informed of the confidentiality of the data collection. To ensure the confidentiality of the discussion, focus groups were conducted in private spaces provided by the respective harm reduction programs. All participants provided verbal informed consent and no identifying information was collected from any participant. Participants were asked to choose pseudonyms to be used during focus group discussions and to identify their demographic questionnaires. Each participant received an honorarium of $20 for participating in the study. All study procedures were approved by the Beth Israel Medical Center Institutional Review Board.

Researchers utilized a thematic approach to analyzing the data (Guest et al., 2012), in which three of the authors read the transcripts, coded the transcripts by hand and identified relationships and patterns across the data. A list of initial codes was developed through line-by-line coding and these codes were grouped into categories to form a hierarchy of themes and subthemes. Coding discrepancies between study team members were resolved through consensus. Finally, categories were refined to offer a comprehensive overview of the data. Frequency distributions and mean values of variables were calculated as relevant for quantitative demographic data.

Results

Findings indicated that participants lived complex, multi-dimensional lives and generated thick and thin trust in many ways. Demographic data for the larger study sample is presented in Table 1. Table 2 shows age data of the women from ACQC and HW only. Ages ranged from 23 to 50 years and the average age was 35 years.

Thick trust

As previously discussed, thick trust is a form of bonding social capital that is typically

Table 1. Demographic descriptors—age, race/ethnicity, income, employment, housing, education and relationship status (N = 34).

	N	%[a]
Level of school completed:[d]		
Elementary	3	10%
Middle school or junior high school	1	3%
Some high school	7	23%
High school diploma or GED	6	19%
Some college completed	9	29%
Technical or vocational school	2	6%
Associates degree	2	6%
Bachelor's degree or more	1	3%
All racial or ethnic groups you consider yourself:[b]		
Black	12	35%
Latino/a	21	62%
White	2	6%
Native American	3	9%
Other	4	12%
Racial or ethnic group you most identify with:		
Black	13	39%
Latino/a	15	45%
White	1	3%
Native American		9%
Other	31	3%
Sources of income during the last year:[b]		
Regular job with regular salary	10	29%
Legal self-employment, such as freelancing	7	21%
Temporary work (legal odd jobs, off-the-books, etc.)	7	21%
Savings	7	21%
Panhandling	1	3%
Unemployment insurance	2	6%
Welfare, disability, SSI, AFDC/TANF, HASA, food stamps	20	59%
Income of spouse, partner, friend, relative	5	15%
Sex for money	12	35%
Sex for food, a place to stay, other goods, other services	2	6%
Selling drugs	−0	
Other illegal/possibly illegal sources	3	9%
Other sources	2	6%
Total time legally employed last year:[c]		
Less than one month	4	33%
Between 1 and 3 months	−0	
Between 4 and 6 months	−0	
Between 7 and 9 months	2	17%
Between 10 and 11 months	1	8%
Full year	5	42%
Places you lived in during the last year:[b]		
Homeless	2	6%
Living in a shelter	3	9%
Living with parents or family	5	15%
Staying with friends or family temporarily	8	24%
Living with a partner, spouse or other person who pays for the housing	5	15%
Living in a house, room, apartment, I RENT alone	13	38%
Living in a house, room, apartment, I RENT with others	11	32%
Other housing	4	12%
Relationship status:		
Single	13	39%
Partnered	14	42%
Married	2	6%
Separated	4	12%

[a]Percents may not total to 100% due to rounding or missing data.
[b]More than one response per participant to this question was possible.
[c]Percents based on the number of participants who reported they received income from a regular job, legal self-employment or any temporary work during the last year (n = 12).
[d]Frequency missing = 3.

within-group along similar demographic lines and refers to horizontal links between within-group members who have shared norms and expectations. As indicated by Figure 2, thick trust was foundational to thin trust in these trans women's lives. What we discovered was that support groups that exhibited strong thick trust also displayed robust thin trust (Hwahng et al., 2012), and that conversely, groups with weaker thick trust also exhibited less thin trust. In examining the ACQC and HW groups that exhibited strong thick trust, a differentiation emerged between thick trust that occurred within the support groups themselves and thick trust that occurred outside or beyond the support groups. For each section below, a list of themes were distinguished. Within this list, a few key themes emerged that were marked by particularly heartfelt discussion or debate.

Thick trust inside support groups

We identified 13 themes regarding thick trust that took place within the support groups (Table 3). Of these, key themes included a sense of intimacy among the group, space for sharing experiences, a sense of unity, and acceptance of a diversity of perspectives. The sense of intimacy among groups members and facilitators (3.2) was well illustrated by the following dialogue between ACQC group members Rochelle and Janice, referring to Jovanka, the support group leader at ACQC, and Anallely, who was another group member.

> Rochelle: It is a support network, yeah… The praises for Jovanka have to do again with how much she obviously cares for the group…[the participants] feeling like they're learning things that they've never known before. Jovanka likes the idea that this group continues to meet a need for the population that they're representing and they really love that
>
> Jovanka is a leader in the group and has been very supportive…

Table 2. Participants of transgender support groups and harm reduction age (N = 12).

	M	SD	N
AIDS Center for Queens County (ACQC)	38	12	6
Housing Works (HW)	31	8	6

Frequency missing = 1.
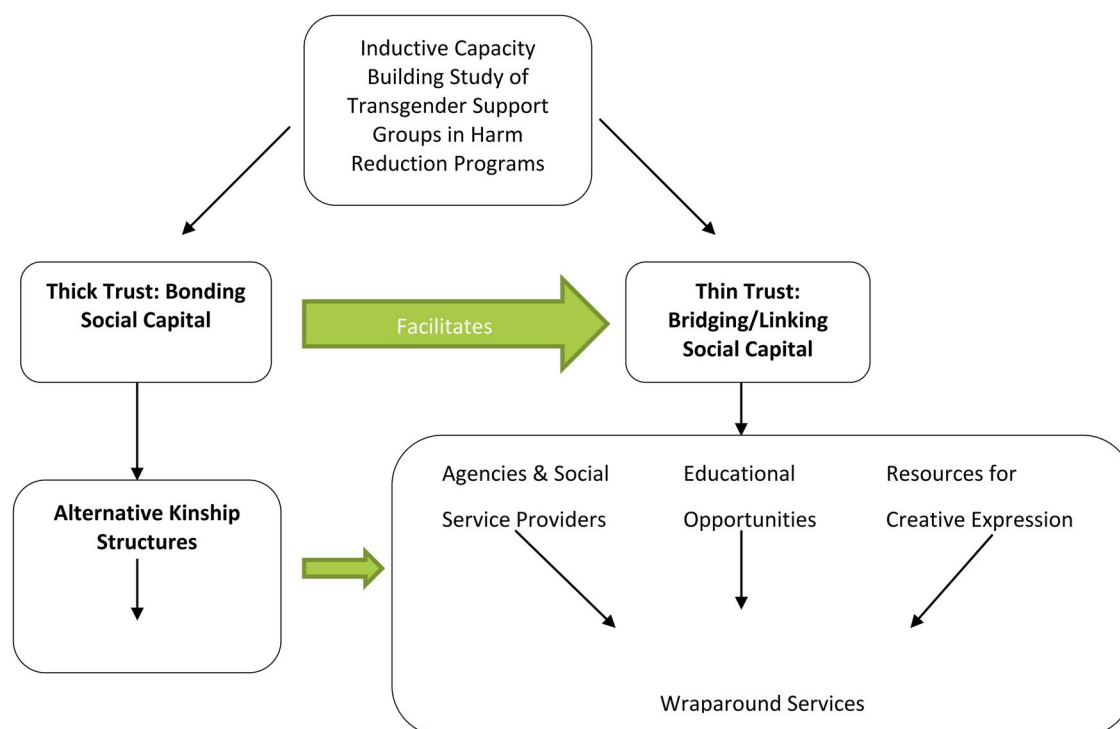
Figure 2. Overview of Study Findings: Thick trust is foundational and facilitates thin trust.

Table 3. Thick trust inside support groups.

3.1 Opportunity for free expression, including gender and sexual expression
3.2 A sense of intima among group members and facilitators
3.3 Privacy
3.4 A space for sharing experiences
3.5 A sense of unity among group members
3.6 An opportunity to engage with a diversity of viewpoints
3.7 A space for group members to embrace and establish their own specific and individual identities
3.8 Cross-generational support networks
3.9 Support from group members to come out or transition publicly
3.10 Support for group participants' plans for their futures
3.11 A sense of engagement with the transgender community
3.12 The development of informal community networks/kinship structures within the support group
3.13 Spiritual support

Janice: [Anallely's] saying that how Jovanka has become her sole support to be her escort to the lawyer, to the doctor. She's diabetic, so she has to see a specialist…Subways, all that stuff she relies solely on Jovanka.

The intimacy and support experienced by group members facilitated the learning of new information and concepts. As facilitator, Jovanka provided an abundance of resources and support to her group participants. Rochelle points out the emotional investment the group had in her, and Janice illustrates the tangible resources and support that were built on this relationship and shared thick trust—Jovanka accompanying group

members to important appointments and even offering basic assistance to navigate the subways.

Another theme that emerged was how important it was to have a space for sharing experiences (3.4) as discussed by the HW group members Raven and Janet. Having this space to share experiences allowed for positive mental health outcomes.

Raven: …because everybody needs a little help along the way…I've made plenty of friends [in the support group]…beautiful sisters, although [jokingly] most of them can get on my nerves at times…[referring to Duchess] you were this, you know, caterpillar in your cocoon with your hard shell that didn't want anybody to get next to you…And basically all I had to do was say certain things to you and you fell, right before me …I've built, like a sister circle here…Those are the key moments that brought us together… "Girl, what you was up to? What you was doing last night?"… You know, those are the things that keep us…kind of grounded…

Janet: I'm more open with who I am. I'm more open with my sisters about my life about what I'm going and dealing with. Opposed to living the lifestyle that I was living, being in my addictive state of mind and trying to hide that fact…So now I'm able to express myself, express who I am and what's going on with me. And to have supportive sisters like that…that

we're able to talk about it, laugh about it, read about it, keep on going…

Raven observes that the sharing of experiences in the group enables members to feel "grounded," that is, more psychologically secure. Janet learned how to open up and express herself in the group, which supported her to effectively end her addiction to crack cocaine.

A sense of unity and strong bonds was also present (3.5) as discussed by the HW group. Group members would frequently explicitly refer to each other as "family," "sisters," or other kin.

> Janet: And I know it's been two years, but we done really built a bond. Whether it's good or bad, we're all here, you know.
>
> Trin Trin: This is our family.
>
> Janet: …And then this is my little niecie-poo [referring to alternative kinship member] right here…there's some other girls who's not here and I wish they was here, because to me that's what it's all about is our unity as sisters…

This dialogue between Janet and Trin Trin describes the depth of bonding that has taken place over the past two years, and the women easily referred to each other as family.

Members of these support groups also realized, however, that unity did not equate to uniformity. There was often a diversity of perspectives expressed in the groups (3.6). Duchess from the HW group states,

> Well…I have really learned to accept people and accept myself and really deal with my issues on a one-to-one basis with myself, you know. So it's been helpful and … it has its moments. Because my views and their views [of other members] are totally different. What I want is totally different from what they want. Their behavior is so different from mine…

For some trans women, the support groups provided opportunities to learn how to accept difference on a greater level compared to what they had previously experienced. Participants developed a particular kind of resiliency in which they could bond very closely with each other yet also accept differences of perspectives. In addition, developing the capacity to accept differences within the group prepared these women to accept differences among others beyond the group as well. This enabled them to access resources from networks beyond

sources that were familiar to them, which eventually resulted in greater thin trust as well (discussed below in Thin Trust section).

Cross-generational support networks (3.8) were also evident in both groups. In the ACQC group, support was given not only from older (over 30 years) to younger (under 30 years) members but also from more settled to newer immigrants. In the HW group, a younger member, Trin Trin, discussed learning from older members, "I'm from Philadelphia--my morals and everything that was instilled in me came from these ladies that [are] sitting in this room right now." These cross-generational networks allowed for older members to mentor and contribute to younger members and were valuable for the protection and guidance of younger members.

Thick trust outside/beyond support groups

We identified 8 themes of thick trust occurring outside or beyond the support groups (See Table 4). We focus here on how thick trust within the support groups fostered thick trust outside or beyond the support groups. Key themes included being supported in primary romantic partnerships, support from informal networks and kinship structures, community leadership beyond the support group, and cisgender women as allies.

One theme that emerged as very important was being supported in their primary romantic partnerships with cisgender men (4.2). In the HW group Raven found the initial hormonal shifts that accompanied her transition to be very challenging, which also caused stress on her primary partnership.

> Raven: When I was on my injections when I first started, I would not be sitting in this room. E— [her partner] would be dead and I would be behind closed doors…Not even cellblock eight…basically it brought me to a network of sisters, because I just had an

Table 4. Thick trust outside/beyond support groups.

4.1 Support and acceptance from biological family
4.2 Support from romantic relationships
4.3 Support from informal community networks/kinship structures outside/beyond the support group
4.4 The development of informal community networks/kinship structures outside/beyond the support group
4.5 Fostering community leadership
4.6 Cross-generational support networks
4.7 Allies among cisgender women

incident where I was so ready to take my partners life, really. And that incident was scary enough for me that I went on a very bad anxiety attack…

Duchess: And I can see progress that I'm making right now, with me doing so many different things, within Housing Works and outside of Housing Works…, of course, having the husband who tweaks me out. I want to throw him off the Brooklyn Bridge, but you know, it's a work in progress. Meet him halfway. He's meeting me halfway. He's not an easy cookie to deal with, but it's a work in progress…

For both Raven and Duchess, their participation in the support group enabled them to vent frustrations they experienced in their romantic relationships while also learning better ways to interact with their partners.

Another theme was support from informal community networks and kinship structures outside or beyond the support group (4.3). In a previous publication (Hwahng et al., 2019), we discussed the formation of a trans Latina alternative kinship structure that existed prior to the establishment of the formal ACQC support group. This informal network facilitated the formation of the formal support group.

Although there was a strong trans Latina informal community network in the borough of Queens where ACQC was located, there was also a high rate of attrition. In Janice's words "[I]t's such a high turnover. I come every year for gay pride, and I see new people every time." Another group member speculated that for those community members who have left, it is because "they get deported or die from AIDS or they, I don't know, but it's just like a revolving door…" Despite the high rate of attrition in the trans Latina community, the group discussed that Jovanka enacted community leadership beyond the support group (4.6) through the fostering of thick trust more generally among trans Latinas in Jackson Heights, Queens. For instance, she obtained scholarships to bring trans Latinas from the Jackson Heights community to an annual New York State-sponsored conference in Albany to promote trans Latina advocacy. Thus, there were group participants who were actively promoting community growth and challenging community attrition.

The cultivation of allies among cisgender women based on thick trust (4.8) was also observed in both groups. Some members of the HW group created alliances with biological family members.

Trin Trin: I have a connection with my youngest sister. Me and her are close, as well as my older sisters, because they're all lesbians. My baby brother is bisexual, and I have a couple of lesbian cousins. So it's fun to go home and see them…

Raven: And basically my transition…my transgender 101, and the way that I am now, came from my mother. …I watched her and the way that, you know, she put on her makeup…and the way that she walked and the way that she spoke, you know, to certain people, so I mean, for me, I had that.

For Trin Trin, biological family members who were also part of the LGB community resulted in obvious alliances as sexual and gender minorities. Raven's observation of her mother as a female role model supported Raven's gender transition.

In the ACQC group, Regina, a cisgender immigrant Latina, was instrumental in the formation and maintenance of the trans Latina support group.

Janice: [B]ecause she's a biological woman, there was some discrepancy because she was in a transgender group.

Interviewer: She comes to the support group?…

Janice: Because she's a . . . she's very selfless and she's been helping us for years.

Jovanka: She's a real lady…She founded the transgender group. It was just her and me…she's collaborator. She's cooking for us. She's collecting my things. She's cleaning. She's making phone calls. She's going with me to recruiting. She's doing everything there.

The alliance between Regina and the rest of the ACQC group was so strong that an exception was made in this group that was typically only open to trans Latinas. Regina was also an immigrant Latina (albeit cisgender) and had proven her thick trust support over the years through voluntarily cooking, accompanying and assisting Jovanka and completing tasks for the group as needed.

Thin trust

As previously discussed, thin trust is a form of bridging and/or linking capital and is typically inter-group and connects across communities or groups (bridging), or connects a group with some

form of authority (linking), often crossing ethnic/racial, geographic, institutionalized, and formal societal boundaries. Thin trust can aid communities via access to otherwise unavailable resources, new perspectives, information, and assets. As indicated by Figure 2, thick trust facilitated the effective dissemination of thin trust. In examining thin trust, a differentiation emerged between thin trust that occurred within the support groups themselves and thin trust that occurred outside or beyond the support groups.

Because ACQC was structured to provide services to a population that included a large immigrant Latinx population whereas HW was structured to provide HIV treatment, housing, and services to people living with HIV, thin trust in the support groups operated differently between the sites. The ACQC support group was first initiated by the immigrant trans Latinas who were first part of Jovanka's peer delivered exchange sponsored by ACQC. Over subsequent years, many trans Latinas came to find out about the ACQC support group through their thick trust networks in Queens. It was within the ACQC support group that many Latinas then found out about what other services ACQC as an organization offered. Thus, for many support group participants, thin trust within the support group led to thin trust outside and beyond the support group, whether that was to other branches or resources in ACQC or beyond ACQC.

In Housing Works, the support group was similarly first initiated by HW trans participants. In subsequent years many trans women first knew of HW as a trans-friendly organization that provided specific housing and other services for trans people. Through becoming aware of the services that this organization provided, many then found out about the support group. Thus, many women were already engaged in participating in thin trust outside or beyond the support group, such as in other services that HW provided, by the time they became involved in the support group.

Thin trust inside support groups

We identified 14 themes of thin trust occurring within the support groups (Table 5). Because

Table 5. Thin trust inside support groups.

5.1 Information about housing and housing services
5.2 Information about medical services
5.3 Information about mental health services
5.4 Information about legal services
5.5 Information about formal and vocational education
5.6 Information about syringe exchange services
5.7 Information about HIV testing
5.8 Information about sexual health services
5.9 Information about sex workers' rights
5.10 Information about educational opportunities
5.11 Opportunities to train and advocate as peer educators
5.12 Access to social services support
5.13 Information about support for substance use
5.14 Support and guidance for group members' future plans

participants were often first introduced to resources and services both within ACQC and beyond ACQC in the support group, instances of thin trust within support groups most often occurred within the ACQC group. Key themes included information and access to sexual health services, educational opportunities, comprehensive case management and intensive networking with a wide variety of organizations.

One important theme was information about sexual health services (5.8), especially since one of the main missions of a harm reduction program such as ACQC was to protect against the transmission of sexually communicable diseases.

> Rochelle: There's a doctor from, representing the Latino Commission on AIDS, who did a workshop for them on a lot of health issues, particularly [HIV and STI] transmission and . . . general health issues, and they're hoping that they can get her back.…Jovanka said that that's why she continues to do this work and to bring all this information to the girls, so that they're aware, one, of, you know, the different health issues, but also just to keep them educated.

Because many of the trans Latinas in the ACQC group were new immigrants, in which the majority also seemed to be undocumented, they were often scared to venture very far from their neighborhoods or homes. Jovanka thus invited speakers to the support group to give presentations, workshops, and information on important topics such as sexual health to its members, since the support group site was geographically accessible to many of the Latinas.

It appeared that Jovanka and other members were constantly brainstorming to provide new information or services to the group that may have been missing. We observed two themes

Table 6. Thin trust outside/beyond support groups.

6.1 Access to housing and housing services
6.2 Access to medical services
6.3 Access to mental health services
6.4 Access to substance use services
6.5 Underground economy medical access (e.g. hormones, silicone)
6.6 Access to legal services
6.7 Access to formal and vocational education
6.8 Access to syringe exchange services
6.9 Access to HIV testing
6.10 Access to sexual health services
6.11 Access to sex workers' rights and advocacy
6.12 Access to educational opportunities
6.13 Opportunities to train and advocate as peer educators
6.14 Access to case management and social services
6.15 Support and guidance for community members' future plans
6.16 Generation of community legacy
6.17 Cultural production

regarding educational opportunities (5.10) and upgraded social service support (5.12).

> Janice: [Anallely]'s saying that she would like more things happening in the group…Work…get a job and an education… …When [speakers] come, they leave us the address for the GED classes, so she wants the same for English language classes…They need to make phone calls for legal purposes and stuff, but they don't know how to or they don't speak English, so it's like all this stuff. This is a really big thing. Medical appointments…

Anallely thus pointed out the urgency for English language learning support so that these women could better navigate their myriad legal and medical exigencies.

Jovanka, additionally, saw a necessity for more comprehensive case management than what had been previously offered to members of the group. These more comprehensive services would include supporting the women in meeting their basic needs, accompanying women to their legal and medical appointments, and trauma counseling.

> Janice: [Jovanka]'s given a lot of examples. …They've been in court, so they need somebody, a friend… [or] it can be a case worker…Some of them don't know how to take subways. Some…don't have like basic needs…[Jovanka] said that many of the people she gets, they come recently diagnosed with HIV, or they had sex without a condom and so they need to get tested ASAP, or they been beat up by a client, or didn't pay them, or whatever. A lot of psychological trauma. They really need a therapist.

Thus, information emerged among the comments of these women about the gaps in service provision, to which the addition of trauma

counseling as well as English language learning support could make an immediate positive impact on these women's lives.

The robust presentation of speakers on a variety of topics for the ACQC group enabled the Latinas to not only know about but also access a variety of services that incorporated several themes of thin trust within the support group.

> Interviewer: Great…So you partner with a number of organizations…Counseling and Advocacy and the Gender Identity Project at the LGBT Center, Latino Commission on AIDS, Anti-Violence Project 24-Hour English/Spanish hotline, Queens Pride House . . . Because they have a [transwomen] support group too, right? In Spanish? . . . Then there's free legal support at Sylvia Rivera Law Project, Sex Workers Project at Urban Justice, Make the Road-New York, and Immigrant Defense Project. Muy bien. So you're very well networked.

> [*participants clapping*]
> Janice: Yeah, we network a lot.

The ACQC group was an excellent example of how thin trust could operate within a harm reduction support group, including the collaborations between the leader, group members, and speakers/presenters that resulted in extensive "networking."

Thin trust outside/beyond support groups

In many ways the most effective indicator of thin trust is the formation of bridging and linking capital outside and beyond the support groups. We identified 17 themes with regard to thin trust outside or beyond the support group (Table 6). Key themes included housing access, hormone access, legal services, support and guidance for future plans, generation of community legacy, and cultural production.

In the HW group, Trin Trin first heard about the support group when she was housed at the Transgender Transitional Housing Program (TTHP), which was part of Housing Works.

> TTHP would assist you in finding permanent housing. It's kind of like a milestone. They basically specialize in getting the girls who…live with the virus off the street and…into an apartment, so they can live a healthy and productive life…I found an apartment in Flatbush.

Access to housing (6.1) was of paramount importance to many women in our study and Trin Trin attributed her participation in the support group to literally provide material "structure" that had psychologically stabilizing consequences so she could realize her potential.

In the ACQC group, the most requested service was the legal provision of hormones administered through a licensed health care professional (6.2).

> Janice: So she's saying that the most common demand from the girls was their hormone clinic, and now she's being kind of partnered with J—, so now she's been able to meet that need…[J— is] a social worker from another agency…they give them blood work and they have a doctor to prescribe hormones…
>
> Interviewer: So when people come to the support group, then they can get referrals to a clinic?
>
> Jovanka: Yeah I call. They make an appointment. They give them one appointment right away. Two or three days…

Through the support group, Latinas were able to access rapid provision of hormones from a health care professional, which resulted in safer hormone utilization.

Another important thin trust theme was access to legal services (6.6). In the ACQC group, members discuss this topic.

> Janice: And the other most common request was the name change. And now they send them to Sylvia Rivera [Law] Project for that, so they can change… There's a legal concern among them, among us, we've got to get asylum. We can't get a legal status in this country…Get a work permit.
>
> Interviewer: Right, because I think last week, Jovanka said that 83% of the group is undocumented. That's a very high majority.
>
> Jovanka: Si, there's a lot of people with no, no papers…We have already five organizations working with groups. We have Urban Justice [Center]. We have Brooklyn Legal Services…Community Healthcare Network…Lambda [Legal]…

Because of this extremely high percentage of undocumented Latinas, it was very important for these women to access ample legal support for both their gender transition and undocumented status.

Members of both groups, however, also operationalized thin trust beyond basic survival and transition needs. Themes that emerged included support and guidance for future plans (6.15), generation of community legacy (6.16), and cultural production (6.17). Members engaging in these themes had the potential to positively impact large numbers of people.

For instance, Trin Trin in the HW group discussed pursuing higher education, a modeling and acting career, as well as effectively managing her health and gender transition needs.

> Trin Trin: [M]y schedule is so demanding, so I have to make sure that I'm up by at least 4:30 every morning.
>
> Janet: Girl, you crazy.
>
> Raven: But you gotta remember, she's doing college, so basically if it were me, I'd probably be doing the same thing.
>
> Trin Trin:…the groups, assessment, medical, COBRA, social security appointments, state ID, birth certificate, legal name change, all of that while in school, it's pretty exhausting, especially for someone of my age…

Trin Trin also acknowledged that her participation in HW enabled her to create stability in her life so she could take steps, such as pursuing a college education, to realize future goals.

In the ACQC group, Jovanka and other members discussed community legacy, as Jovanka expands beyond the support group to set up a new organization.

> Janice: [Jovanka]'s very happy now that she's part of the family here at ACQC, so that's why . . . Her goal is to one day to set the [trans Latina support group] up here with a lot of information, empowered . . . She would like one day to delegate the group to someone…So this group will continue forever. And she can continue her other objective.
>
> Interviewer: With the foundation?…
>
> Rochelle: They're going to get [detained LGBT immigrants] out on bail…

Thus, Jovanka was planning to utilize the skills she developed leading the trans Latina support group to also positively impact another overlapping population—immigrant Latinx people who were incarcerated—in which many members were also undocumented. Whereas the type of support

provided through ACQC ranged from medical to legal to psychological support, the new foundation that Jovanka was creating seemed predominantly focused on legal support.

Finally, in the HW group, Raven discussed her film project about domestic violence in the LGBT Community.

> Raven: And I was part of that residency twice. You know, because of issues that I have going on with me. As far as, okay, domestic violence, which is why I'm doing a domestic violence [documentary] series now, on the whole LGBT spectrum, as far as domestic violence goes, because it's not spoken about with us as a whole, where ten percent, where there's really more than that, as far as domestic violence goes, within that spectrum…

> Interviewer: So you're working on a documentary right now?

> Raven: I'm working on it right now. I done interviewed like two people and I'm waiting for other people.

Raven was able to transform her own experience as the victim of domestic violence into a documentary series that was informed by this negative past. Raven's ability to create a cultural product that could benefit many people in the LGBT community points to the power of the operationalization of thin trust on a foundation of thick trust.

Discussion

Both thick trust and thin trust were observed within and outside/beyond the support groups. Thick trust in the groups resulted in members forming alternative kinship structures with each other (Hwahng et al., 2019) that included a sense of intimacy, space for sharing experiences, unity, and acceptance of a diversity of perspectives. Thick trust outside and beyond the support groups was formed through being supported in their primary romantic partnerships, within informal networks and kinship structures, through the exercise of community leadership, and with cisgender women as allies. Thin trust in the support groups resulted in information and access to resources including sexual health

services, educational opportunities, comprehensive case management, and networking with a variety of organizations. Outside/beyond the support groups, thin trust paved the way for housing access, hormone access, legal services, support and guidance for future plans, the generation of community legacy, and cultural production.

In examining Figure 2, we can see how the cultivation of thick trust not only facilitated thin trust but was also fundamental to the transformation of civil social networks into closely knit alternative kinship structures. Members of both ACQC and HW discussed having emotionally intimate relationships with each other and in some instances even referring to other members as family or specific family members such as "sister" or "niece." The cultivation of thick trust was a clear demonstration of bonding social capital that was bolstered by dense networks of social exchange. Within these dense networks these women created social capital in the form of trust-as-relational capital when they participated in a series of: (1) taking risks with each other, (2) becoming vulnerable with one another, and (3) participating in reciprocal exchanges with each other.

Thin trust that was generated on this solid foundation of thick trust, which enabled bridging to disparate groups and linking to institutions across different power gradients. The formation of trust-as-relational capital was extended beyond the support group to include other networks in which these women also engaged in a series of: (1) taking risks, (2) becoming vulnerable, and (3) participating in reciprocal exchanges. Within the realm of bridging and linking capital, risks took the form of inquiring into or receiving services and support from unfamiliar sources, which necessitated becoming vulnerable to the unknown. Reciprocity occurred through accessing previously unavailable resources that were made available through networking, advocacy, or active requesting. Through these processes women were able to access medical, legal, and/or gender transition services and engage in formal and informal training and skills-building despite having to also often grapple with barriers such as poverty, racism, transphobia, PTSD from past trauma, living

with HIV, and/or having limited English skills and no legal documents.

This focus on thick and thin trust illustrates how participants "open up to social capital" through trusting. Through the cultivation of trust capital, social capital "went in the bodies" of these participants, which had direct implications for their health. Perhaps the most successful results of the cultivation of trust capital were the examples of women who were able to expand their focus beyond daily survival and focus on generating sustainability and legacy for themselves and their communities. Examples of these included mentoring younger trans women in the support groups, organizing advocacy trips to speak to New York State government officials, pursuing higher education, creating a bail fund for LGBT immigrants, and filming a documentary series on LGBT domestic violence.

Putnam (2000) writes of the disintegrating social fabric in the United States, which results in the disintegration of thin trust itself. Perhaps we can learn from the ways these women have created or repaired their own social fabric through the cultivation of thick trust as a social, psychological, and emotional "base." Upon this foundation of thick trust, thin trust was operationalized resulting in positive material, economic and quality-of-life outcomes. Putnam characterizes this level of thin trust as social trust that is associated with civic engagement and often manifests in many forms of civic virtue (pp. 136–137). What these women exhibited, then, is an expansion of their "space of capabilities" (Sen, 1999), which resulted in greater positive freedom. Thus, they increased their capacity to act upon their free will and their freedom from internal constraints despite external challenges in life (See Figure 3). Furthermore, this increased "space" is both individual as well as collective.

Recommendations

Because of the primacy of thick trust to the cultivation of social capital in these communities, it may be highly effective to develop additional interventions and programs incorporating the thick trust themes that were important to these women. For example, a sense of intimacy among group members was very notable in both the ACQC and HW sites. It could thus be beneficial for service providers to foster support groups and other supportive environments in which trans women were encouraged to engage in mutual exchanges of risk-taking and vulnerability with each other as a way to build social capital. This also reaffirms the importance of engaging, and if possible, employing, trusted members of the community within intervention-building. The benefits of organizations putting in the time and effort to support participants to build thick trust were evident in this study. These benefits included the sharing of resources within the group, individual improvements in mental health, and participants actively assisting each other with their day-to-day needs.

In addition, participants in our study identified that connection and support to biological family members as well as romantic cisgender male partners were important to them. Perhaps, then, service providers could foster the partnership of interventions and programs focused on trans WOC with organizations such as PFLAG that focus on creating stronger relationships and bonds between LGBT people, their family members, and their significant others. This would facilitate the cultivation of thin trust between trans WOC-focused organizations with other organizations that could provide greater support and services beyond the purview of the trans WOC-focused organizations. Partnering with organizations such as PFLAG could also generate greater thick trust since PFLAG is focused on strengthening relationships between LGBTQ people and their family, friends, significant others, and allies. Thus, strengthening relationships with their family, friends, significant others, and allies could result in greater bonding social capital for trans WOC.

Another suggestion is for social service providers to foster more opportunities for frequent contact within both formal and informal trans female community networks. This could result in the cultivation of thick trust as dense networks of social exchange. Fostering more opportunities could include providing space for formal support groups within organizations as well as providing resources for trans WOC to connect with each other in their neighborhoods and broader
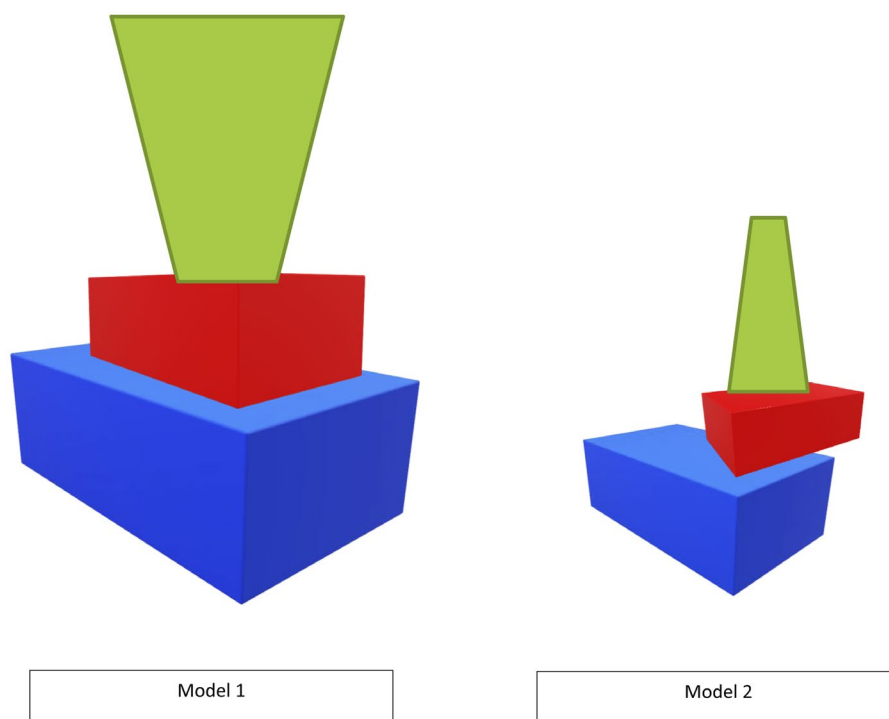
Figure 3. Thick trust, thin trust, and space of capabilities. In Model 1, a solid foundation of thick trust (blue) results in larger thin trust (red) built securely upon this thick trust foundation. The space of capabilities (green) sits solidly upon both thick and thin trust and is open and expanding outward. In Model 2, a much smaller amount of thin trust sits precariously upon a small foundation of thick trust. This results in a narrowing or constriction of the space of capabilities.

communities. This could not only promote more cross-generational support between older and young trans women but could also promote support between other types of sub-groups, such as between more settled and newer trans female immigrants.

Health researchers could benefit from adopting a social capital framework to guide the research and development of effective interventions with a strengths-based/resiliency perspective versus a deficit model. It is important to realize that beyond identifying successes or gaps of service provision or ways social support is or is not evident, these women are engaging in micropolitical acts (Deleuze & Guattari, 1987) through the cultivation of social capital. If these trans WOC are already producing social capital, health research can identify ways to cultivate even greater social capital as well as best practices to transform/channel that social capital into the particular resources that are most needed.

The findings of our study have an impact on knowledge that affects the health of the communities we discussed. Since conducting our research,

the trans/gender-variant support groups have been flourishing at both ACQC and HW. ACQC has also expanded their LGBTQ program offerings, which is offered in various locales throughout the borough of Queens (ACQC, 2019). A version of TTHP is also still active at HW (Housing Works, 2019) and has since expanded from scatter-site-only placement to now include both congregate as well as scatter-site housing. Many trans women who have participated in both TTHP and the trans/gender-variant support group at HW have been able to secure permanent long-term housing for themselves. Both ACQC and Housing Works have increased their in-house wraparound services and in general there is a greater integration of peer-navigators in the NYC health care systems including peer-navigators for low-income trans women of color.

Limitations and directions for future research

This study was based on a very small convenience sample (N = 12) that was recruited from trans/gender-variant support groups attached to

harm reduction programs. Because of the sample size and degree of self-selection we cannot state to what extent the findings here are representative of any trans female communities in New York City or in the United States. Since only those within support groups were interviewed, it is difficult to ascertain if there would be similar findings within informal networks. However, given the significant resources that were attached to formal support, there is likely at least some added benefit. Finally, numerous harm reduction program-related services as well as other health and social services are available in New York City and similar services may not be available or may not be the same elsewhere.

Directions for future research include more research on the cultivation of thick trust and thin trust as forms of social capital as well as how findings on thick trust and thin trust could be applied to programs, services, and interventions. It is also important to conduct specialized research on specific communities even if the generalizability of findings to other communities or populations is not easily applicable. Perhaps the best approach to developing truly effective interventions and services for low-income trans WOC communities can be summarized by the term *glocal*, which is defined as interconnecting global and local factors (Oxford Learner's Dictionary, 2020).

Conclusion

Strengths-based and resiliency research is an emerging field in LGBTQ + health research. The implications of social capital on health is another emerging field. Our study seeks to contribute to both of these emerging fields with our focus on trust capital, social capital, and resiliency. Social capital as resiliency through the cultivation of trust capital can be considered, at the very least, micropolitically relevant (Deleuze & Guattari, 1987). In our study, then, trans women of color engaged in micropolitical acts within both the support groups and beyond the support groups in many areas of their lives. This resulted in an augmentation of their space of capabilities.

Other research has tended to interpret social capital, political relevancy, and resiliency in more macropolitical terms such as overt forms of trans activism or legal policies (Bockting et al., 2020;

Hatzenbuehler & Pachankis, 2016). With regard to low-income trans WOC, it is perhaps interconnecting the cultivation of social capital on both the micropolitical and macropolitical levels that will yield the greatest resiliency.

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References

ACQC. (2019). Welcome to AIDS Center of Queens County. Retrieved January 2, from https://acqc.org/

Aldrich, D. (2012). *Building resilience: Social capital in post-disaster recovery*. The University of Chicago Press.

Alessi, E. (2016). Resilience in sexual and gender minority forced migrants: A qualitative exploration. *Traumatology*, *22*(3), 203–213. https://doi.org/10.1037/trm0000077

Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Health Behavior*, *105*(10), 2108–2116.

Beaudoin, C. E. (2009). Bonding and bridging neighborliness: an individual-level study in the context of health. *Social Science & Medicine (1982)*, *68*(12), 2129–2136. https://doi.org/10.1016/j.socscimed.2009.04.015

Bockting, W., Barucco, R., LeBlanc, A., Singh, A., Mellman, W., Dolezal, C., & Ehrhardt, A. (2020). Sociopolitical change and transgender people's perceptions of vulnerability and resilience. *Sexuality Research and Social Policy*, *17*(1), 162–174. https://doi.org/10.1007/s13178-019-00381-5

Breslow, A. S., Brewster, M. E., Velez, B. L., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 253–265. https://doi.org/10.1037/sgd0000117

Castelfranchi, C., & Falcone, R. (2010). *Trust theory*. Wiley.

Cerezo, A., Morales, A., Quintero, D., & Rothman, S. (2014). Trans migrations: Exploring life at the intersection of transgender identity and immigration. *Psychology of Sexual Orientation and Gender Diversity*, 1(2), 170–180. https://doi.org/10.1037/sgd0000031

Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. Minneapolis: University of Minnesota Press.

Erosheva, E. A., Kim, H. J., Emlet, C., & Fredriksen-Goldsen, K. I. (2016). Social networks of lesbian, gay, bisexual, and transgender older adults. *Research on Aging*, 38(1), 98–123. https://doi.org/10.1177/0164027515581859

Grudzewski, W. M., Hejduk, I. K., Sankowska, A., & Wantuchowicz, M. (2008). *Trust management in virtual work environments: A human factors perspective*. CRC Press/Taylor & Francis.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Sage Publications.

Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications. *Pediatric Clinics of North America*, 63(6), 985–997. https://doi.org/10.1016/j.pcl.2016.07.003

Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., & Crepaz, N. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS and Behavior*, 12(1), 1–17. https://doi.org/10.1007/s10461-007-9299-3

Herrick, A. L., Lim, S. H., Wei, C., Smith, H., Guadamuz, T., Friedman, M. S., & Stall, R. (2011). Resilience as an untapped resource in behavioral intervention design for gay men. *AIDS and Behavior*, 15 Suppl 1(Suppl 1), S25–S29. https://doi.org/10.1007/s10461-011-9895-0

Housing Works. (2019). Services: Housing. Retrieved January 2, from https://www.housingworks.org/services/housing

Hwahng, S. J., Allen, B., Zadoretzky, C., Barber, H., McKnight, C., & Des Jarlais, D. (2019). Alternative kinship structures, resilience and social support among immigrant trans Latinas in the USA. *Culture, Health & Sexuality*, 21(1), 1–15. https://doi.org/10.1080/13691058.2018.1440323

Hwahng, S., Allen, B., Zadoretzky, C., Barber, H., McKnight, C., & Jarlais, D. D. (2012). *Resiliencies, vulnerabilities, and health disparities among low-income transgender people of color at New York City harm reduction programs*. Mount Sinai Beth Israel.

Hwahng, S. J., & Nuttbrock, L. (2007). Sex workers, fem queens, and cross-dressers: Differential marginalizations and HIV vulnerabilities among three ethnocultural male-to-female transgender communities in New York city. *Sexuality Research & Social Policy: Journal of NSRC: SR & SP*, 4(4), 36–59. https://doi.org/10.1525/srsp.2007.4.4.36

Hwahng, S. J., & Nuttbrock, L. (2014). Adolescent gender-related abuse, androphilia, and HIV risk among transfeminine people of color in New York City. *Journal of Homosexuality*, 61(5), 691–713. https://doi.org/10.1080/00918369.2014.870439

Kawachi, I. (1999). Social capital and community effects on population and individual health. *Annals of the New York Academy of Sciences*, 896, 120–130. https://doi.org/10.1111/j.1749-6632.1999.tb08110.x

Kubicek, K., McNeeley, M., Holloway, I. W., Weiss, G., & Kipke, M. D. (2013). It's like our own little world': Resilience as a factor in participating in the ballroom community subculture. *AIDS and Behavior*, 17(4), 1524–1539. https://doi.org/10.1007/s10461-012-0205-2

Latusek, D., & Gerbasi, A. (2010). *Trust and technology in a ubiquitous modern environment: Theoretical and methodological perspectives*. Hershey, PA: Information Science Reference.

Matsuno, E., & Israel, T. (2018). Psychological interventions promoting resilience among transgender individuals: Transgender Resilience Intervention Model (TRIM). *The Counseling Psychologist*, 46(5), 632–655. https://doi.org/10.1177/0011000018787261

Melendez, R. M., & Pinto, R. (2007). It's really a hard life': Love, gender, and HIV risk among male to female transgender persons. *Culture, Health & Sexuality*, 9(3), 233–245. https://doi.org/10.1080/13691050601065909

Nemoto, T., Operario, D., Keatley, J., Han, L., & Soma, T. (2004). HIV risk behaviors among male-to-female transgender persons of color in San Francisco. *American Journal of Public Health*, 94(7), 1193–1199. https://doi.org/10.2105/AJPH.94.7.1193

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes (1999)*, 52(3), 417–421. https://doi.org/10.1097/QAI.0b013e3181ab6ed8

Oxford Learner's Dictionary. (2020). Glocal. Retrieved January 15, from https://www.oxfordlearnersdictionaries.com/definition/english/glocal

Padilla, M. B., Rodríguez-Madera, S., Ramos Pibernus, A. G., Varas-Díaz, N., & Neilands, T. B. (2018). The social context of hormone and silicone injection among Puerto Rican transwomen. *Culture, Health & Sexuality*, 20(5), 574–590. https://doi.org/10.1080/13691058.2017.1367035

Perez-Brumer, A. G., Reisner, S. L., McLean, S. A., Silva-Santisteban, A., Huerta, L., Mayer, K. H., Sanchez, J., Clark, J. L., Mimiaga, M. J., & Lama, J. R. (2017). Leveraging social capital: multilevel stigma, associated HIV vulnerabilities, and social resilience strategies among transgender women in Lima, Peru. *Journal of the International AIDS Society*, 20(1), 21462. https://doi.org/10.7448/ias.20.1.21462

Pinto, R. M., Melendez, R. M., & Spector, A. Y. (2008). Male-to-female transgender individuals building social support and capital from within a gender-focused network. *Journal of Gay & Lesbian Social Services*, 20(3), 203–220. https://doi.org/10.1080/10538720802235179

Poortinga, W. (2012). Community resilience and health: The role of bonding, bridging, and linking aspects of social capital. *Health & Place*, 18(2), 286–295. https://doi.org/10.1016/j.healthplace.2011.09.017

Puckett, J. A., Matsuno, E., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Mental health and resilience in transgender individuals: What type of support makes a difference? *Journal of Family Psychology*, *33*(8), 954–964. https://doi.org/10.1037/fam0000561

Putnam, R. D. (1995). Bowling alone: America's declining social capital. *Journal of Democracy 6*, 65–78.

Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.

Rhodes, S. D., Martinez, O., Song, E.-Y., Daniel, J., Alonzo, J., Eng, E., Duck, S., Downs, M., Bloom, F. R., Allen, A. B., Miller, C., Reboussin, B. (2013). Depressive symptoms among immigrant Latino sexual minorities. *American Journal of Health Behavior*, *37*(3), 404–413. https://doi.org/10.5993/AJHB.37.3.13

Rostila, M. (2011). A resource-based theory of social capital for health research: Can it help us bridge the individual and collective facets of the concept?*Social Theory & Health*, *9*(2), 109–129. https://doi.org/10.1057/sth.2011.4

Ryan, L., Sales, R., Tilki, M., & Siara, B. (2008). Social networks, social support and social capital: The experiences of recent Polish migrants in London. *Sociology*, *42*(4), 672–690. https://doi.org/10.1177/0038038508091622

Sanyal, S., & Routray, J. K. (2016). Social capital for disaster risk reduction and management with empirical evidences from Sundarbans of India. *International Journal of Disaster Risk Reduction*, *19*, 101–111. https://doi.org/10.1016/j.ijdrr.2016.08.010

Sen, A. (1999). *Development as freedom*. Oxford University Press.

Shelton, J., Wagaman, M. A., Small, L., & Abramovich, A. (2017, September). I'm more driven now: Resilience and resistance among transgender and gender expansive youth and young adults experiencing homelessness. *International Journal of Transgender Health, 19*, 144–157.

Singh, A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles*, *68*(11–12), 690–702. https://doi.org/10.1007/s11199-012-0149-z

Singh, A., Meng, S. E., & Hansen, A. W. (2014). I am my own gender. *Journal of Counseling & Development*, *92*(2), 208–218. https://doi.org/10.1002/j.1556-6676.2014.00150.x

Stanton, M. C., Ali, S., & Chaudhuri, S. (2017). Individual, social and community-level predictors of wellbeing in a US sample of transgender and gender non-conforming individuals. *Culture, Health & Sexuality*, *19*(1), 32–49. https://doi.org/10.1080/13691058.2016.1189596

Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, *33*(4), 650–667. https://doi.org/10.1093/ije/dyh013

Torres, C. G., Renfrew, M., Kenst, K., Tan-McGrory, A., Betancourt, J. R., & López, L. (2015). Improving transgender health by building safe clinical environments that promote existing resilience: Results from a qualitative analysis of providers. *BMC Pediatrics*, *15*, 187–197. https://doi.org/10.1186/s12887-015-0505-6

Zadoretzky, C., Barber, H., & Des Jarlais, D. (2011). *Evaluation of New York State expanded syringe access and syringe exchange programs: July 1, 2010 – June 30, 2011*. Mount Sinai Beth Israel.